

<i>SERFF Tracking Number:</i>	<i>HNVR-125415117</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Hanover American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$20</i>
<i>Company Tracking Number:</i>	<i>WC-AR-08002-F</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Adoption of NCCI Form Revision: P-1405/WC-AR-08002-F</i>		

Filing at a Glance

Companies: Hanover American Insurance Company, Massachusetts Bay Insurance Company, The Hanover Insurance Company

Product Name: Workers Compensation	SERFF Tr Num: HNVR-125415117	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: #? \$20
Sub-TOI: 16.0000 WC Sub-TOI Combinations	Co Tr Num: WC-AR-08002-F	State Status: Fees verified
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: David Bibo	Disposition Date: 01/09/2008
	Date Submitted: 01/07/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Adoption of NCCI Form Revision: P-1405	Status of Filing in Domicile:
Project Number: WC-AR-08002-F	Domicile Status Comments:
Reference Organization: NCCI	Reference Number: P-1405
Reference Title: Revision of WC 00 01 13 and WC 00 04 21 A as a result of the Terrorism Risk Insurance Program Reauthorization Act of 2007	Advisory Org. Circular: CIF-2007-10
Filing Status Changed: 01/09/2008	
State Status Changed: 01/09/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Effective upon approval for new and renewal policies, our companies wish to adopt the NCCI Forms as found in NCCI Item Filing Number P-1405.	

Company and Contact

SERFF Tracking Number:	HNVR-125415117	State:	Arkansas
First Filing Company:	Hanover American Insurance Company, ...	State Tracking Number:	#? \$20
Company Tracking Number:	WC-AR-08002-F		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Workers Compensation		
Project Name/Number:	Adoption of NCCI Form Revision: P-1405/WC-AR-08002-F		

Filing Contact Information

David Bibo, Pricing Analyst	dbibo@hanover.com
440 Lincoln Street	(508) 855-8264 [Phone]
Worcester, MA 01653	(508) 855-2268[FAX]

Filing Company Information

Hanover American Insurance Company	CoCode: 36064	State of Domicile: New Hampshire
440 Lincoln Street	Group Code: 88	Company Type: Property & Casualty
Worcester, MA 01653	Group Name: The Hanover Ins Group	State ID Number:
(508) 855-1000 ext. [Phone]	FEIN Number: 04-3063898	

Massachusetts Bay Insurance Company	CoCode: 22306	State of Domicile: New Hampshire
440 Lincoln Street	Group Code: 88	Company Type: Property & Casualty
Worcester, MA 01653	Group Name: The Hanover Ins Group	State ID Number:
(508) 855-1000 ext. [Phone]	FEIN Number: 04-2217600	

The Hanover Insurance Company	CoCode: 22292	State of Domicile: New Hampshire
440 Lincoln Street	Group Code: 88	Company Type: Property & Casualty
Worcester, MA 01653	Group Name: The Hanover Ins Group	State ID Number:
(508) 855-1000 ext. [Phone]	FEIN Number: 13-5129825	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	ISO Forms revision adoption
Per Company:	No

SERFF Tracking Number: *HNVR-125415117* *State:* *Arkansas*
First Filing Company: *Hanover American Insurance Company, ...* *State Tracking Number:* *#? \$20*
Company Tracking Number: *WC-AR-08002-F*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0000 WC Sub-TOI Combinations*
Product Name: *Workers Compensation*
Project Name/Number: *Adoption of NCCI Form Revision: P-1405/WC-AR-08002-F*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hanover American Insurance Company	\$0.00	01/07/2008	
Massachusetts Bay Insurance Company	\$0.00	01/07/2008	
The Hanover Insurance Company	\$0.00	01/07/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0021658251	\$20.00	01/07/2008

SERFF Tracking Number:	HNVR-125415117	State:	Arkansas
First Filing Company:	Hanover American Insurance Company, ...	State Tracking Number:	#? \$20
Company Tracking Number:	WC-AR-08002-F		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/09/2008	01/09/2008

SERFF Tracking Number:	HNVR-125415117	State:	Arkansas
First Filing Company:	Hanover American Insurance Company, ...	State Tracking Number:	#? \$20
Company Tracking Number:	WC-AR-08002-F		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Workers Compensation		
Project Name/Number:	Adoption of NCCI Form Revision: P-1405/WC-AR-08002-F		

Disposition

Disposition Date: 01/09/2008
Effective Date (New): 01/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: HNVN-125415117 State: Arkansas
First Filing Company: Hanover American Insurance Company, ... State Tracking Number: #? \$20
Company Tracking Number: WC-AR-08002-F
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: Adoption of NCCI Form Revision: P-1405/WC-AR-08002-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>HNVR-125415117</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Hanover American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$20</i>
<i>Company Tracking Number:</i>	<i>WC-AR-08002-F</i>		
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<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Adoption of NCCI Form Revision: P-1405/WC-AR-08002-F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *HNVR-125415117* *State:* *Arkansas*
First Filing Company: *Hanover American Insurance Company, ...* *State Tracking Number:* *#? \$20*
Company Tracking Number: *WC-AR-08002-F*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0000 WC Sub-TOI Combinations*
Product Name: *Workers Compensation*
Project Name/Number: *Adoption of NCCI Form Revision: P-1405/WC-AR-08002-F*

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Approved	01/09/2008

Comments:

P&C Transmittal Document is attached

Attachment:

PC TD-1 03 07.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
The Hanover Insurance Group	0088

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Hanover Insurance Company	NH	22292	13-5129825	
Massachusetts Bay Insurance Company	NH	22306	04-2217600	
Hanover American Insurance Company	NH	36064	04-3063898	

5. Company Tracking Number	WC-AR-08002-F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
David M. Bibo 440 Lincoln St. Worcester, Ma. 01653	Pricing Analyst	508-855-8264	508-855-2268	dbibo@hanover.com

7. Signature of authorized filer	<i>David M. Bibo</i>
8. Please print name of authorized filer	David M. Bibo

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	WC Sub-TOI Combinations
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Workers Compensation
13. Filing Type	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Withdrawal </div> <div> <input type="checkbox"/> Rules <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Other (give description) </div> <div> <input type="checkbox"/> Rates/Rules </div> </div>
14. Effective Date(s) Requested	New: 01/01/2008 Renewal: 01/01/2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI, Inc.
17. Reference Organization # & Title	Item Filing No. P-1405
18. Company's Date of Filing	01/07/2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

WC-AR-08002-F

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Effective upon approval for new and renewal policies, our companies wish to adopt the NCCI Forms as found in NCCI Item Filing Number P-1405.

22. Filing Fees (Filer must provide check # and fee amount if applicable)

[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: 0021658251

Amount: \$20.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**